

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **18611**
2572

FILED JUL 1 - 1955

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| BIRTH NO. _____ | | REG. DIST. NO. <u>149</u> | | PRIMARY REG. DIST. NO. <u>1002</u> | | Registrar's No. _____ | |
| 1. PLACE OF DEATH a. COUNTY Jackson b. CITY (If outside corporate limits, write RURAL and give township) Kansas City, c. LENGTH OF STAY (If in this place) 75 days d. FULL NAME OF HOSPITAL OR INSTITUTION K.C. Osteopathic Hospital | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY Caldwell c. CITY OR TOWN Hamilton d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> STREET ADDRESS (If rural, give location) ***** | | | |
| 3. NAME OF DECEASED (Type or Print) | | a. (First) Beatrice | | b. (Middle) Irene | | c. (Last) Dickinson | |
| 4. DATE OF DEATH (Month) (Day) (Year) June 14 1955 | | 5. SEX Female | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 3 | |
| 8. DATE OF BIRTH Mar 2 1918 | | 9. AGE (In years last birthday) 37 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Factory worker | | 11. BIRTHPLACE (City and State or Foreign Country) Stanford Montana | |
| 12. CITIZEN OF WHAT COUNTRY? USA | | 13a. FATHER'S NAME Robert E. Dickinson | | 13b. MOTHER'S MAIDEN NAME Edith E. Gentry | | 14. NAME OF HUSBAND OR WIFE Dane Clark | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. 495-26-1061 | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Robert E. Dickinson - 918 - E 13 St. - K.C. Mo. | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho Pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Bilateral Hydronephrosis DUE TO (c) Carcinoma cervix uteri II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH 2-3 days 60 days Oct. 1954 171X | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION Biopsy only Oct. 7, 1954 | | | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | 21f. HOW DID INJURY OCCUR? | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | | | | |
| 22. I hereby certify that I attended the deceased from Oct. 6, 1954 , to June 14, 1955 , that I last saw the deceased alive on June 14, 1955 , and that death occurred at 2:25 p.m. , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE Margaret Jones (Degree or title) D.O. | | | | 23b. ADDRESS 926 E. 11 - K.C. Mo. | | 23c. DATE SIGNED 6-15-55 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | | 24b. DATE June 17 1955 | | 24c. NAME OF CEMETERY OR CREMATORY Floral Hill | | 24d. LOCATION (City, town, or county) (State) Kansas City, Mo. | |
| DATE REC'D BY LOCAL REG 6-16-55 | | REGISTRAR'S SIGNATURE Neva Marshall | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Mrs. C.L. Forster Funeral Home K.C. Mo. | | | |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Marguerite Jones
Chiropractic Hosp.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No. _____ working under my personal supervision..

Student _____
Signature of Student Embalmer

Signed Raymond F. Shuman
Licensed Embalmer No. 40

P. O. Address Kansas

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.